



Instructions

- Review the claim file.
- In the Analysis section, indicate the medical records reviewed, specifically referencing important information from those records.
- Provide an opinion based upon the information identified in the "Analysis" section.
- Explain your opinion, within a reasonable degree of medical certainty, referencing, where appropriate, Ohio State Medical Board Guidelines, Official Disability Guidelines and the standard of care for the community. Relate this information to the specifics of this case, i.e., allowed conditions and/or focus of treatment.

BWC Pharmacy Dept			Claim number	
Injured worker's name			Date of injury	
Allowed conditions				
The attached claim is referred to you on 11/xx/2016 by DrugPA_Referrals@bwc.state.oh.us			Fax number (866) 336-8352	
Generic Product Identifier	Therapeutic class code description	Drug name, strength	Recommend medication reimbursement approved	Recommend medication reimbursement denied
Comments				
<p>1. Are the prescribed medications reasonably related and appropriate to treat the allowed condition in this claim? (Please review the claim file and indicate the medical records reviewed and any important information from these records in the "Analysis" Section. Please provide an explanation of your opinion citing references, treatment guidelines, etc., and relating the information to the specifics of this case such as the allowed conditions or focus of treatment using the requested medication.)</p>				



Physician's narrative

Analysis

Conclusion

Physician's name (typed)

Physician's signature

Date

Time spent